
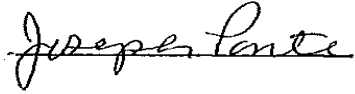


POLICY TITLE: MENTAL HEALTH UNIT POLICY NUMBER: 18.6.1 CHAPTER 18: HEALTH CARE		PAGE 1 OF 9
	STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VII
EFFECTIVE DATE: December 13, 2011	LATEST REVISION: November 15, 2013	CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in Title 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

The Department of Corrections recognizes the need to provide structured intensive mental health services in a specialized mental health housing unit to accommodate the needs of male prisoners experiencing serious mental health problems.

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VI. PROCEDURES

Procedure A: Mental Health Unit, General

1. The Mental Health Unit at the Maine State Prison is the housing unit of the Department of Corrections for male prisoners with serious mental illnesses or persistent and disabling personality disorders who require structured intensive mental health services, to include evaluation and treatment, in a specialized mental health housing unit. The Mental Health Unit may provide services to any male prisoner in need of help during a psychiatric, psychological or emotional crisis, which may include a prisoner requiring adjustment to psychotropic medication, presenting a danger to himself or others, or unable to care for himself, or a prisoner who has a severe and persistent mental illness or personality disorder. When the prisoner is in need of a higher level of evaluation or treatment, he may be referred by the Department for admission to a state psychiatric hospital. The purpose of the Mental Health Unit is to help individuals function at their optimal levels while working towards the reduction of criminogenic risk factors. The goal is to prepare prisoners for return to general population housing units if possible and when appropriate prepare them for release back into the community.
2. Serious mental illness means a substantial disorder of thought, mood, perception, orientation, or memory diagnosed as an Axis I disorder, including schizophrenia, schizoaffective disorder, psychotic disorders due to substance abuse or a general medical condition, major depression, bipolar disorder, and organic conditions, resulting in significant and debilitating psychotic symptoms or cognitive impairment.
3. Persistent and disabling personality disorder means a substantial disorder diagnosed as an Axis II disorder resulting in significant and persistent impairment of judgment, behavior, and the capacity to cope with the ordinary demands of life within the prison environment.
4. A Maine State Prison psychologist shall be the Director of the Mental Health Unit and shall provide oversight to a multidisciplinary unit treatment team that shall include, but not be limited to: the Prison psychiatrist, a psychiatric social worker, a Correctional Caseworker, a Recreation Therapist (if assigned to the unit), correctional staff, and, as appropriate, other staff assigned to the Unit.
5. The roles of the multidisciplinary unit treatment team members shall involve, at a minimum, the following:
 - a. Psychologist - To provide team leadership, clinical supervision, and case consultation and arrange for unit-specific training.

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- b. Psychiatrist - To provide psychiatric case consultation and medication oversight.
 - c. Psychiatric social worker - To help determine a diagnosis and treatment interventions and provide individual and group treatment.
 - d. Correctional Caseworker - To maintain the individual case plan, individual treatment plan, treatment team meeting notes, and CORIS notes as necessary.
 - e. Recreation Therapist - To develop and implement recreational and therapeutic interventions.
 - f. Correctional staff - To provide daily interaction with and observation and monitoring of prisoners.
6. The multidisciplinary unit treatment team shall meet monthly or more frequently as clinically indicated to review and update an individual treatment plan for each prisoner admitted to the Mental Health Unit.
 7. Staff working on the Mental Health Unit shall be required to attend all mandatory training as provided in Department of Corrections Policy 4.3, General and Job-Specific Training, any unit-specific training, and, if applicable, any training required to maintain professional licensure.

Procedure B: Mental Health Unit Referral, Placement, and Admission or Release

1. Any time a male prisoner in the Department is identified by any staff as possibly being a danger to himself or others or unable to care for himself for mental health reasons, the staff shall notify a facility psychiatrist, psychologist, or psychiatric social worker and the shift supervisor as soon as possible. The mental health care staff notified shall assess the prisoner as soon as feasible.
2. If the prisoner is on disciplinary segregation or administrative segregation status and presenting as a danger to himself or others or unable to care for himself for mental health reasons, the staff shall notify a facility psychiatrist, psychologist, or psychiatric social worker and the shift supervisor as soon as possible. The mental health care staff notified shall assess the prisoner within twenty-four (24) hours.
3. In all cases, staff making the notification shall stay with the prisoner until the shift supervisor is notified. The shift supervisor shall put into place provisions for the appropriate supervision of the prisoner, including, if applicable, suicide precautions or a higher level of supervision as set out in Department of Corrections Policy 18.6, Procedure D, until the mental health assessment is completed and the mental health staff determines that such supervision is no longer necessary.

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4. If the mental health staff conducting the assessment determines the prisoner to be a danger to himself or others or unable to care for himself due to serious mental illness, the mental health care staff shall refer the prisoner to the Mental Health Unit. If the mental health staff conducting the assessment determines the prisoner to be a danger to himself or others or unable to care for himself due to a persistent and disabling personality disorder, the mental health staff may refer the prisoner to the Mental Health Unit.
5. Mental health staff may also refer a male prisoner to the Mental Health Unit for an adjustment to psychotropic medication.
6. The mental health staff making the referral shall contact the Director of the Mental Health Unit, or designee, in person or by phone to discuss the referral. The Director of the Mental Health Unit, or designee, shall make the determination as to whether or not the prisoner will be placed in the Mental Health Unit.
7. If the placement is approved, the placement portion of the Mental Health Unit Placement and Release form (Attachment A) shall be completed by the mental health staff making the referral and the form shall be forwarded to the Director of the Mental Health Unit. The reasons for the referral shall be noted by the mental health staff making the referral in CORIS and on the form. The Chief Administrative Officer, or designee, of the Prison, or of the sending facility if the prisoner is not currently housed at the Prison, shall notify the Central Office Director of Classification of the approval and forward a copy of the form to the Central Office Director of Classification. The Director of the Mental Health Unit, or designee, shall forward a copy of the form to the Prison medical department for placement into the prisoner's healthcare record.
8. If the placement is not approved, the Director of the Mental Health Unit, or designee, and the mental health staff person making the referral shall both make a note in CORIS as to the outcome of the discussion and any recommendations for other mental health services to be provided to the prisoner.
9. If the prisoner is placed in the Mental Health Unit, the sending facility/unit shall hold the prisoner's bed for the up to ten (10) day assessment period.
10. At or before the end of the ten (10) day assessment period, the Director of the Mental Health Unit, or designee, shall make a determination regarding the admission of the prisoner to the Mental Health Unit or the release of the prisoner from the Mental Health Unit.
11. If the decision is to release the prisoner from the Mental Health Unit, the Director of the Mental Health Unit, or designee, shall complete the release portion of the Mental Health Unit Placement and Release form. The reasons for the release

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shall be noted in CORIS and on the form. The Director of the Mental Health Unit, or designee, shall notify the Central Office Director of Classification of the release. The Director of the Mental Health Unit, or designee, shall forward a copy of the form to the Central Office Director of Classification and a copy of the form to the Prison medical department for placement into the prisoner's healthcare record.

12. If the decision is to admit the prisoner to the Mental Health Unit, the Director of the Mental Health Unit, or designee, shall complete the admission portion of the Mental Health Unit Admission and Discharge form (Attachment B). The reasons for the admission shall be noted in CORIS and on the form. The Director of the Mental Health Unit, or designee, shall notify the Central Office Director of Classification of the admission. The Director of the Mental Health Unit, or designee, shall forward a copy of the form to the Central Office Director of Classification and a copy of the form to the Prison medical department for placement into the prisoner's healthcare record.
13. Any male prisoner referred by the Department for admission to a state psychiatric hospital who is refused admission to the hospital or released from the hospital after evaluation and/or treatment shall be admitted to the Mental Health Unit upon his return to the Department of Corrections. A male prisoner admitted to a state psychiatric hospital as a result of a criminal proceeding shall be returned to his prior housing unit and shall be assessed by mental health staff within twenty-four (24) hours.
14. Any male prisoner transferred to the Department from a jail or placed with the Department from a state psychiatric hospital because of a serious mental illness or persistent and disabling personality disorder and a level of dangerousness that is unmanageable at the sending facility shall be admitted to the Mental Health Unit upon his transfer to the Department of Corrections.

Procedure C: Conditions in the Mental Health Unit

1. Prisoners in the Mental Health Unit shall be provided basic living conditions that approximate those of general population prisoners. These conditions include: cell capacity, lighting, heat/ventilation, water for drinking and washing, and operable toilets.
2. Prisoners in this unit shall receive the same meals as provided to general population prisoners, but may be served the meals with trays and utensils consistent with reasonable precautions designed to protect safety, security, and orderly management of the facility. Any decision to impose reasonable precautions shall be determined by the on-site or on-call clinician and documented in CORIS and shall be reviewed by the multidisciplinary unit treatment team within three (3) working days.

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3. Prisoners in this unit shall be allowed personal property items as set out on the Mental Health Unit Prisoner Property List (Attachment C), except to the extent that they must be limited consistent with reasonable precautions designed to protect safety, security, and orderly management of the facility. Any decision to impose reasonable precautions shall be determined by the on-site or on-call clinician and documented in CORIS and shall be reviewed by the multidisciplinary unit treatment team within three (3) working days.
4. Prisoners in this unit shall be provided access to mail, legal, religious and reading materials, basic items needed for personal hygiene, clothing, linens and bedding, access to daily laundry services and barber and medical services similar to general population prisoners, except to the extent that they must be limited consistent with reasonable precautions designed to protect safety, security, and orderly management of the facility. Any decision to impose reasonable precautions shall be determined by the on-site or on-call clinician and documented in CORIS and shall be reviewed by the multidisciplinary unit treatment team within three (3) working days.
5. Prisoners in this unit shall have similar access to programs and services as general population prisoners including, but not limited to, the following: educational services, work opportunities, commissary, library services, social services, religious services and/or programs and guidance, and recreational programs, except to the extent that they must be limited consistent with reasonable precautions designated to protect safety, security and orderly management of the facility. Any decision to impose reasonable precautions shall be determined by the on-site or on-call clinician and documented in CORIS and shall be reviewed by the multidisciplinary unit treatment team within three (3) working days.
6. Prisoners in this unit shall be allowed a minimum of three (3) showers per week, unless the prisoner is actively engaging in self-injurious or assaultive behavior. Any decision to disallow a shower, along with the behavior leading to the decision, shall be documented, on a prisoner activity sheet, by the staff making the decision and shall be reviewed by the multidisciplinary unit treatment team within three (3) working days.

Procedure D: Status of Prisoners in the Mental Health Unit

1. Evaluation Status

- a. Upon placement, the prisoner shall be designated as evaluation status. This status is for prisoners who have been placed in the Mental Health Unit, but not yet admitted to the Unit. The multidisciplinary unit treatment team may review the prisoner and recommend to the Director of the

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Mental Health Unit, or designee, that the prisoner be admitted to the unit or released from the unit at any time during the ten (10) day assessment period.

- b. A prisoner on this status shall have a multidisciplinary unit treatment team meeting, which shall include the prisoner, within one (1) week of placement. The team shall review the conditions listed in Procedure C as they apply to the prisoner based on his presentation and history to ensure the least restrictive conditions.
- c. The multidisciplinary unit treatment team shall also review privileges, such as phone calls, and out-of-cell time on an individualized basis for a prisoner on this status.
- d. The use of restraints for movement out of the cell for a prisoner on this status shall be made on an individualized basis and shall be determined by security staff.
- e. Prisoners on this status shall be checked by security staff at variable intervals not to exceed fifteen (15) minutes, unless placed on a higher level of supervision in accordance with Department of Corrections Policy 18.6, Procedure D, or in accordance with a decision made by the multidisciplinary unit treatment team.

2. Maintenance Status

- a. Once off evaluation status, the prisoner shall be designated as maintenance status. This status is for prisoners who have been admitted to the unit.
- b. The multidisciplinary unit treatment team shall convene a meeting, which shall include the prisoner, to develop an individualized treatment plan, to include the provision of programs and services, within three (3) working days of the prisoner's admission to the unit based on diagnosis, assessment, and clinical observation.
- c. The multidisciplinary unit treatment team shall, as necessary, revise the individualized treatment plan for each prisoner on this status.
- d. Prisoners on this status shall have a multidisciplinary unit treatment team meeting, which shall include the prisoner, at least one (1) time monthly. The team shall review his treatment plan based on his presentation at that time and history to ensure the least restrictive interventions.

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- e. Unless there are mitigating security issues, a prisoner on this status shall not require staff escort when outside the Mental Health Unit and shall be integrated into general population settings during selected programs and services, according to his individualized treatment plan. Unless there are mitigating security or medical issues, a prisoner on this status shall eat designated meals in the dining hall with general population prisoners.
- f. Prisoners on this status shall be checked by security staff at variable intervals not to exceed thirty (30) minutes while on the unit.
- g. Prisoners on this status shall have privileges and out-of-cell time that approximate those allowed to general population prisoners.

Procedure E: Mental Health Unit Discharge

1. A prisoner admitted to the Mental Health Unit may be discharged from the unit under either of the following conditions:
 - a. The prisoner no longer needs the structured intensive mental health services of the Mental Health Unit, or
 - b. The prisoner's mental health needs exceed the level of treatment that can be provided on the Mental Health Unit, in which case the prisoner shall be referred for admission to a state psychiatric hospital or for transfer to an out-of-state correctional facility with a higher level of treatment.
2. When a prisoner is discharged from the Mental Health Unit for either of the above reasons, the discharge portion of the Mental Health Unit Admission and Discharge form shall be completed by the Director of the Mental Health Unit, or designee. The reasons for the discharge shall be noted in CORIS and on the form. The Director of the Mental Health Unit, or designee, shall notify the Central Office Director of Classification of the discharge. The Director of the Mental Health Unit, or designee, shall forward a copy of the form to the Central Office Director of Classification and a copy of the form to the Prison medical department for placement into the prisoner's healthcare record.
3. When a prisoner in the Mental Health Unit is within six (6) months of projected release to the community, the Director of the Mental Health Unit shall confer with the multidisciplinary unit treatment team, to include a Department of Health and Human Services Intensive Case Manager, where appropriate, and develop a comprehensive release plan. If the team determines that a prisoner is appropriate for admission to a state psychiatric hospital, a referral shall be generated by the Director of the Mental Health Unit, or designee.

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PROFESSIONAL STANDARDS

ACA:

- ACI - 4-4368** (MANDATORY) The mental health program is approved by the appropriate mental health authority and includes, at a minimum:
- screening on intake
 - outpatient services for the detection, diagnosis, and treatment of mental illness
 - crisis intervention and the management of acute psychiatric episodes
 - stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting
 - elective therapy services and preventive treatment where resources permit
 - provision for referral and admission to mental health facilities for offenders whose psychiatric needs exceed the treatment capability of the facility
 - procedures for obtaining and documenting informed consent
- ACI - 4-4374** Offenders with severe mental illness or who are severely developmentally disabled receive a mental health evaluation and, where appropriate, are referred for placement in noncorrectional facilities or in units specifically designated for handling this type of individual.
- ACI - 4-4404** A transfer that results in an offender's placement in a non-correctional facility or in a special unit within the facility or agency, specifically designated for the care and treatment of the severely mentally ill or developmentally disabled, follows due process procedures as specified by federal, state, and local law prior to the move being effected. In emergency situations, a hearing is held as soon as possible after the transfer.

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